POST EVENT SUMMARY REPORT

Name of Event: The 4th Annual Gerontology Conference Hosted by the Department of Social Work and the Gerontology Program at Morgan State University; The Conference Title was: "What's Happening With Black Baby Boomers? – A Multi-Disciplinary Exploration"

Date of Event: May 25th, 2005

Location of Event: Morgan State University, 4th Floor of the McKeldin Center in the Alice W. Parham Ballroom, 1700 East Cold Spring Lane, Baltimore, Maryland 21251

Number of Persons Attending: 209

Sponsoring Organizations: Alpha Phi Alpha Fraternity, Inc. – Delta Lambda Chapter; Alpha Kappa Alpha Sorority, Inc. - Rho Xi Omega Chapter; Erickson Retirement Communities; AARP; the Maryland State Office of Aging, and the Morgan State University Women's Organization.

Contact Name: Dr. June P. Murray, Director, Gerontology Program, Morgan State University

Telephone Number: 443-885-1961; Email: JMurray@MOAC.Morgan.Edu

Overview: In addition to Dr. John Hope Franklin, the Keynote Speaker, there were 9 panelists who made presentations across a variety of academic and professional disciplines who addressed the following topics: social security and retirement planning, new challenges in mental health, national "emergency" preparations from a cultural perspective, architectural design challenges for the near-future; 21st century sexuality; seeking spiritual guidance from non-traditional sources; changes in Caribbean American "back migration" patterns, health disparities and healthcare barriers, and a general overview of the quality of life for Black Baby Boomers today.

Priority Issue #1: the following represents two of the main issues from the Keynote Address, as well as the panelist who presented on healthcare disparities and barriers:

1. the on-going persistence of racism, sexism, elitism and homophobia in today's society, and how it is impacting Blacks (and other People of Color) as they move into their 60's as experienced in housing, employment, access to health care facilities and appropriate treatment by the facilities' staff; along with the problem of inaccessible and non-reliable public transportation;
2. the specifically poor care one's loved ones receive in nursing home facilities in our society today, regardless of one's ability to pay high fees, but especially if one is reliant on Medicare/Medicaid insurance.

Barriers: People of Color, particularly African American/Black citizens experience discrimination in most facets of our society including housing…whether it is the high rates of interest for mortgages one encounters if one is attempting to purchase a single family unit, or to secure a loan to upgrade a home. Racism can also be experienced in public housing units in areas such as securing an apartment, receiving the service one is supposed to receive with regard to cleanliness, heating, air conditioning, working laundry facilities, repair of the apartment and public rooms including elevators, plumbing (in the residents' apartments and public) restrooms, water fountains, and electrical outlets. The residents of public housing units in major cities across the U.S. are overwhelmingly Black, female and low-income citizens who are suffering these injustices. In some cities they must share the facilities with people who are supposedly in "rehabilitation" for substance abuse, but who function as though they are not, and who bring with them, into the public housing units, people who are in the business of selling illicit substances, and other unsavory characters who prey upon the elderly residents of the public housing units, robbing them and sexually and physically abusing them.

Proposed Solution(s): Strengthening the law *enforcement* of anti-discrimination policies and laws to protect people from racism, sexism, elitism and homophobia…especially in clear-cut cases.

Ensuring that low-income, Black (or other People of Color), citizens are *not* denied access to mortgages or charged exorbitant interest rates on mortgage loans; and providing Government funding for elderly citizens to secure low-interest rates on loans used to make repairs to their homes.

It was also suggested that separate public housing be made available exclusively for senior citizens (people 65 and over), and that public housing should be adequately funded to include appropriate staff to maintain the buildings and to provide the necessary services to the residents of the buildings, to secure the buildings and provide for the residents' safety. It was also suggested that public housing units could be equipped to provide (on the premises) a small, convenient supermarket, an ATM machine, a pharmacy, and a cleaners so that residents would not have to rely on others to take care of their daily basic needs, or be submitted to waiting on street corners for unreliable public transportation; this solution would also empower the elder's sense of independence.

Priority Issue #2: Health disparities and barriers to appropriate health care was also discussed as another example of elitism, racism, sexism and homophobia. Elderly women of Color represent the members of the American population with the lowest income. Poor women are not afforded fair access to health care, and People of Color's unique health issues are often over-looked by mainstream health care facilities. Health insurance companies do not adequately provide coverage for those health issues, and Medicaid and Medicare often fail to adequately cover the cost of care for those health issues, as well. Health care facilities are very often not located in residential

neighborhoods with a high density of low-income citizens of Color, which represents another barrier to health care…accessible health care facilities. The treatment elderly people of Color complain about the most is how they are treated when they enter either a clinic, a doctor's office or the Emergency Room. The research has demonstrated that they are treated with little respect, they are not listened to, they are made to stand and wait for a staff member to notice them (while the staff member has personal conversations with others or on the telephone), they have to wait a very long time before triage…sometimes a dangerously long time with fatal results, they are sent home without treatment if they can not prove that they have insurance of one kind or another, they are often misdiagnosed, there may be dangerous mistakes with regard to the prescriptions they receive which may have fatal results, and overall, the sick and injured or diseased who are low income, of Color and often female are uncared for, their illness untreated, and their health continues to decline.

Proposed Solution(s): Develop health care facilities in urban centers that are easily accessible for all citizens in the neighborhood. Ensure that the staff members of the health care facilities are *culturally competent.* This would include staff that is bi-lingual, familiar with cultures that are different from their own, familiar with how different people communicate - especially about their ailments, staff that is familiar with common health concerns of low-income People of Color, as well as familiar with how low-income citizens "stretch" their medications because they can't afford to renew their prescriptions, and understand whether or not the patient lives alone or has a reliable person to provide care and support during their illnesses. Ensure that the staff is practicing medicine from a non-racist, non-sexist, non-elitist, and non-homophobic perspective, and that they are treating *everyone* to their very best abilities. Medical and nursing schools are failing to provide their students with course work and practical education on the importance of being culturally competent; instructors tend to indicate that just because everyone's organic make-up is similar…there will be similar reactions to infection, for example; they overlook external influences such as the environment, diet, economics, and stressors resulting from social/political factors including racism, sexism, elitism and homophobia…these factors in a life-time create health crises, but all too often medical staff is unaware of this, or down-play their role in their patient's overall health. Members of the conference attendees also suggested the discontinuance of the term "*minority*" as applied to People of Color, as it is pejorative, and implies that some American citizens have a lesser status than others…the "majority". Since People of Color are actually the numerical majority around the world, the term is also inaccurate.

Priority Issue #3: National Emergency Preparedness from a cultural perspective – the fact appears to be that many low-income People of Color, the majority of whom are female, live alone in homes with stairs, whether they are owned or rented. If and when the next national emergency occurs how will this population fair? What preparations have they made? Do they believe that there will be another national emergency to prepare for, in the first place? What do they know about making preparations? Who is communicating with them specifically about being prepared? Is the information offered

in forms other than in writing, and in English? If they live in a high-rise, public housing unit and the power is discontinued due to the emergency…who is available to assist them with oxygen, or other life support equipment, or help them keep their medications cold, or ensure they have a large enough supply of non-perishable food and water, as well as enough medication for several days? If evacuation is required…who is available to make sure that the low-income elderly are removed from their homes (along with whatever medical equipment they may require)? And who is helping them prepare for that possibility emotionally? Are the first responders *culturally competent and bilingual?*

Barriers: barriers identified at the conference include lack of information, and information in forms other than in writing and in English only. There have been some educational forums in the community around Baltimore on how to prepare for the next national emergency, but the elders responding to this presentation commented that the forums were in the evening ("after dark"), and a great distance away from their homes, and they pointed out that they…"had no transportation", and "could not rely on public transportation as it was unreliable", and "dangerous to be out at night waiting for a bus alone". Adult children of today's elders are not as available to their parents as was once the case in low-income, People of Color communities (for various reasons). This results in a situation where we find a very large population of elders without financial resources and without familial support and assistance on a daily basis, during a *national emergency* this situation is exacerbated.

Proposed Solutions: Improved public transportation; improved and newly developed forms of transportation designed for the elderly and disabled, with reliable, patient, culturally competent drivers and aids to assist the travelers. This solution would certainly increase the elder's independent mobility.

Educational material, in many forms, disseminated throughout the community to ensure that the elderly are aware of the services being developed to assist them during a national emergency. First Responders should be supplied with a "Directory of Elders" in the community, especially those with serious health conditions that would need additional services to assist them during the emergency, particularly if they were to be evacuated, for example from a high rise public housing unit with no power (ie. elevator not working). Another solution would be the development of a "Directory of Services" that are available during a national emergency. This Directory should be free, and easily available/accessible to all citizens, particularly the elderly. This Directory would detail who to call for each conceivable situation, example: no power, no water, no food, needing more medication, information about what is going on, the need for a doctor or physician assistant, how to contact family members if the telephone is not working at their home, who is going to assist them under any condition and how to contact them. While it might be tempting to make this Directory available "on-line", it is true many elders today are computer competent…if the power is discontinued…the Directory would not be accessible. Making it available via a cassette is another possibility…but the elder

would need a cassette player and a ready supply of batteries, not to mention that listening to a cassette during an emergency to learn what to do next might not be the best practice, or first choice for someone feeling frightened and anxious, needing their life-support equipment to function, while being trapped in their homes without preparations, and not knowing what is happening on a national scale, or even in their neighborhood.

This concludes the Post-Event Summary Report from the 4th Annual Gerontology Conference at Morgan State University, May 25th, 2005.

Gerontology Program, Morgan State University; Dr. June P. Murray, 443-885-1961